

Nine Lives Foundation

Cat Adoption Consultation Form

Nine Lives Foundation uses this form to help understand your needs and expectations. This information will assist us in selecting the animals we believe will be a good match for you and your family. Adopting an animal is a big decision and a lifetime commitment, so please help us in making this a successful adoption.

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Current Employer: _____ No. of Years: _____

What physical characteristics are you looking for in your new pet?

The name of the cat/kitten I am interested in adopting is: _____

I would like my new cat/kitten to be: Male _____ Female _____ No Preference _____

Small _____ Medium _____ Large _____ Short Hair _____ Medium Hair _____ Long Hair _____

This cat/kitten will be: Outdoor _____ Indoor _____ Mostly Outdoor _____ Mostly Indoor _____

How do you plan to keep your new cat/kitten from scratching your furniture? _____

Is this your first pet? _____ Have you adopted from Nine Lives before? _____

What kinds of pets have you owned? _____

What happened to them? _____

Please list your current pets:

(If not current on vaccinations, please note when they are due.)

Pet	Species (dog, cat, bird, etc.)	Breed	Gender (M/F)	Age (in Yrs)	Spay/Neut (Y/N)	Declawed (Y/N)	Vaccinated (Y/N)
1							
2							
3							
4							
5							

Additional Comments: _____

The following are questions about your home and family:

I currently: Own my house _____ Rent a house _____ Rent an apartment _____

Other _____ (please explain) _____

If renting, does your Landlord allow pets? Yes _____ No _____ Don't know _____
 Does your Landlord require a pet deposit? Yes _____ No _____ Don't know _____
 Does your home have a pet or dog door? Yes _____ No _____
 Does your home have a pool? Yes _____ No _____ Is the pool fenced? Yes _____ No _____
 Are there children in the home? Yes _____ No _____ How many? _____ Ages: _____
 How often do children visit your home? Daily _____ Wkly _____ Monthly _____ Holidays _____ Never _____
 Is anyone in your home allergic to pets? Yes _____ No _____ Is this cat/kitten a gift? _____
 Approximately how many hours per day will your new cat/kitten be unattended?
 _____ 0 Hours _____ 1-3 Hrs _____ 3-6 Hrs _____ 6-9 Hrs _____ Over 9 Hrs
 Where will your cat/kitten be kept during the day while you are away? Inside _____
 Outside _____ Other _____ (please explain) _____
 Where will your cat/kitten be kept during the night? Inside _____ Outside _____
 Other _____ (please explain) _____

Our family's activity level is:

____ Very active and always on the go _____ Moderately active, at home a few nights/wk
 ____ Not very active, home 5-7 nights/wk _____ Someone is always at home

When I'm out of town I plan to: ____ Take my cat w/me ____ Leave my cat w/family/friends
 ____ Leave my cat home alone ____ Board my cat

If I move out of town I plan to: ____ Take my cat w/me ____ Find another home for my cat
 ____ Return my cat

How much are you willing to spend on medical expenses per year for your cat?
 ____ \$0-\$100 ____ \$100-\$200 ____ \$200-\$500 ____ \$500-\$800 ____ No limit

Would you consider adopting an animal with special needs? Yes _____ No _____ Maybe _____

How did you find out about Nine Lives Foundation? (check all that apply)

____ Newspaper _____ Previous Adoption _____ Websites:
 ____ Television _____ Radio _____ www.petfinder.com
 ____ Veterinarian _____ Special Event _____ www.pets911.com
 ____ Friend/Relative _____ Petco Visit _____ Other

I acknowledge all the information contained in this form is true and correct to the best of my knowledge. I understand any misrepresentation of the facts may result in the removal of the adopted animal from my home, by Nine Lives Foundation.

Signed: _____ Date: _____

FOR ADOPTION CONSULTATION USE ONLY:

Adoption Consultant: _____ Date: _____

Comments: